



Alliance Health Services

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HOMEMAKER

Dept. 022

Effective 4/12

HOMEMAKER/COMPANION TIMESHEET

CLIENT NAME (First, MI, Last)
HOMEMAKER (First, MI, Last)

For the week of: Sunday MM/DD/YY thru Saturday MM/DD/YY

Table with 8 columns: DATES OF SERVICE (MM/DD), Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. Rows include TIME IN (AM/PM) and TIME OUT (AM/PM).

Complete the activities listed below according to the Homemaker Assignment Sheet. For additions, changes, or deletions, contact the supervisor. To ensure payment you MUST write your INITIALS next to all the activities you provided for each date you provided care.

Main activity table with columns for days of the week and rows for various tasks: Socialization, Meal Preparation, Kitchen (Wash Dishes, Clean Stove/Oven, etc.), Laundry (Load Washer, etc.), Living Room (Dust, Vacuum), Bathroom (Clean Toilet/Sink, etc.), Bedroom (Change Bed Linen, etc.), Groceries, and Other.

DAILY TOTAL HOURS table with 8 columns corresponding to the days of the week.

Comments: _____ TOTAL HOURS FOR WEEK: _____

CLIENT/RESPONSIBLE PARTY SIGNATURE DATE HOMEMAKER SIGNATURE DATE

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.ALLIANCEHEALTHCARE.COM

ADMIN (Initial) Sup (Initial & Date)